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## **Was Mackenbach right? Towards a practical political science of redistribution and health inequalities**

### **Abstract**

In 2010, Mackenbach reflected on England's lack of success in reducing health inequalities between 1997 and 2010, asserting that "it is difficult to imagine a longer window of opportunity for tackling health inequalities"; asking "[i]f this did not work, what will?"; and concluding that reducing health inequalities was not politically feasible at least in that jurisdiction. Exploring the empirics of that observation offers a window into the politics of reducing health inequalities. For purposes of future comparative research, I outline three (not mutually exclusive) perspectives on political feasibility, identify their implications for a political science of health inequalities, and explore what they mean for advocacy in support of reducing those inequalities.

### **Introduction**

For the "New Labour" government of the United Kingdom (UK), elected in 1997, reducing inequalities in health that were related to socioeconomic position was a stated policy priority. Whatever the seriousness of that commitment, it was at best imperfectly achieved. By 2007, *before* the financial crisis and subsequent recession, economically patterned health inequalities at least in England were, on some measures, larger than at any point since before the Great Depression of the 1930s (Thomas, Dorling, & Smith, 2010). Other research finds that the socioeconomic gradient in life expectancy as plotted against economic deprivation at the small area level became less steep between 1999–2003 and 2006–10, while overall life expectancy increased (Buck & Maguire, 2015, p. 34). However, this outcome cannot reflect the consequences of post-2010 austerity policies, including those described later in this article. Further, such trends as a concentration of unhealthy

behaviours at the low end of the socioeconomic spectrum may be “storing up inequalities in life expectancy in the future” (Buck & Maguire, 2015, p. 34), yet will not be reflected in relatively short-term trends in health outcomes.

Johan Mackenbach (2010, p. 1249) reflected on this lack of success in reducing health inequalities between 1997 and 2010 by asserting that “it is difficult to imagine a longer window of opportunity for tackling health inequalities” and asked: “If this did not work, what will?” Seeming to undermine this rhetorical query, he conceded that “health inequalities are the result of the cumulative impact of decades of exposure to health risks, some of them intergenerational, of those who live in socioeconomically less advantaged circumstances.” This important observation means not only that reducing health inequalities “requires a massive re-allocation of societal resources” (p. 1252) but also that, even given a serious political commitment, 13 years might not be long enough – a point borne out by the importance of lagged effects<sup>1</sup> and insights from life course epidemiology (Bartley, 2011; Blane, Kelly-Irving, d'Errico, Bartley, & Montgomery, 2013; Offidani, Tomba, & Linder, 2013; Gustafsson et al., 2014; Halfon, Larson, Lu, Tullis, & Russ, 2014). Other recent analyses of health inequalities have emphasized the complexity and multiplicity of the relevant causal pathways (Kelly & Doohan, 2012; Whitehead et al., 2016).

However, the point of this article is not to offer a detailed assessment of New Labour’s policies, but to address the political core of Mackenbach’s argument: his assertion that “it is unlikely that a majority of the English electorate would have supported the substantial redistribution of income and wealth that would have been necessary” (p. 1252) to reduce health inequalities. Assessing this claim offers a window into broader questions of the politics of reducing health inequalities by narrowing inequalities in people’s life chances and living standards. Mackenbach concluded flatly that

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<sup>1</sup> Thus, one of the New Labour government’s major accomplishments was a substantial reduction in the prevalence of child poverty (Waldfoegel, 2010). It is not likely that substantial effects on many health outcomes associated with this reduction would have been observed within the government’s lifetime; it is also likely that the policies of successor governments will vitiate many of the potential positive effects.

“reducing health inequalities is currently beyond our means,” even though pursuit of the objective should continue as a moral imperative (p. 1252). The strength and quality of the evidence for redistributive policies as a necessary, although perhaps not sufficient, condition for reducing health inequalities is debated (*cf.* Schrecker, 2013; Kaufman & Harper, 2013; Preda & Voigt, 2015), but that debate is not explored here. The reference to England reflects both the fact that England accounts for 533 out of 650 seats in the UK’s House of Commons and the ‘devolved’ context of current UK health policy; the strategy to which Mackenbach refers was an English initiative.

Although the UK is admittedly an extreme case in terms of the pursuit of neoliberal policies (Schrecker & Bambra, 2015),<sup>2</sup> such questions are of far more than parochial interest. Indeed, they are fundamental to developing a political science of health inequalities - a project the importance of which has been identified by several authors (Bambra, Fox, & Scott-Samuel, 2005; Bernier & Clavier, 2011; de Leeuw, Clavier, & Breton, 2014; Participants, 2015; Lynch, 2017). Response to this challenge on the part of researchers has been limited. Relevant work has tended to emphasize the content of official policy documents (e.g. Graham, 2009); the organizational structure of government and the views of participants in the policy process (e.g. Smith, 2013a; Smith, 2013b; Carey & Crammond, 2015; Lynch, 2017); or correlations among left-right partisan orientation, welfare state structure and health outcomes (notably (Espelt et al., 2008; Muntaner et al., 2011)). Much of this body of work arguably confuses *explanans* and *explanandum*, leaving unresolved the key questions of *why* particular official actors or electorates have the policy preferences that they do, and of how institutional frameworks influence the pathway from those preferences to the control of government. Kaveri Qureshi’s (2013) important ethnography of the English health policy process

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<sup>2</sup> Although not (yet) as extreme as the United States, for example with regard to the savagery of the latter’s health care financing arrangements, its use of punitive debt collection mechanisms (The new debtors’ prisons, 2013; Kristof, 2016), or “hyperincarceration” (Wacquant, 2014) as a strategy for disciplining and managing the marginalized (former) working class.

likewise found “that evidence was used by civil servants in accordance with their perceptions of what politicians conceive to be electorally palatable” (p. 10), thus directing our attention to the influences on conceptions of palatability.

In this article, I explicate three perspectives on Mackenbach’s claim, which imply varying degrees of pessimism about prospects for reducing health inequalities in high-income jurisdictions with relatively functional democratic institutions. Although explicated primarily with reference to the United States and UK, the perspectives have broader applicability in comparative research; the extent of generalizability across multiple jurisdictions and institutional contexts remains to be explored. My analysis offers few answers, but rather an improved and more sophisticated way of considering questions of political feasibility that are critical to all of us committed to reducing health inequalities.

### **Background: The post-2010 social and macroeconomic policy landscape**

In the UK context, Mackenbach’s skepticism about electoral support for redistributive policies that would address the underlying drivers of health inequalities appears to have been vindicated by the election results of 2010 and (in particular) 2015, when the Conservative party won an unexpected Parliamentary majority and with it the ability to pursue more effectively than under the post-2010 coalition with the Liberal Democrats a “root and branch restructuring” of the UK’s economy and society, of which “[t]he longer-term goal is to shrink the state, free the market and set British political economy on a new course” (Taylor-Gooby, 2012, p. 61). A decisive plurality<sup>3</sup> of the

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<sup>3</sup> This terminology is used at several points in the text, reflecting the fact that under most electoral regimes, the proportion of eligible voters who actually decide electoral outcomes can represent a small proportion of the total electorate, especially in a first-past-the-post system with multiple parties like that in the UK – meaning, as an aside, that reference to “a majority of the English electorate” is in some respects misleading. Low electoral turnouts and the unequal representation entrenched by the structure of institutions like the US Electoral College (which was the basis of Donald Trump’s presidential victory, after drawing almost three million fewer votes nationwide than his Democratic opponent) can further affect the composition of the decisive plurality. Thus, the

electorate apparently has had little trouble with a set of economic and social policies that have systematically redistributed income and wealth *upward*, with the most serious impacts concentrated among those people and places near the bottom of the economic distribution.

On what might be called the vertical dimension, De Agostini, Hills, & Sutherland (2015) found that the combined impact of tax and benefit changes under the Conservative-led coalition government had been regressive across the income distribution as a whole; “under most sets of assumptions the main gains were in the upper middle of the income distribution and the main losers were at the bottom and those close to, but not at, the very top” (p. 5). A later projection incorporating the effects of post-2015 changes concluded: “By early 2021, [benefit] claimants are ... expected to have lost a cumulative total of more than £27bn a year as a result of the welfare reforms implemented since 2010. This is rather more than one pound in every four previously paid to working-age benefit claimants” (Beatty & Fothergill, 2016, p. 12). The effects are not confined to benefit recipients, although they bear some of the harshest impacts: analysis by the Institute for Fiscal Studies finds that the combined impact of tax and benefit changes between May 2015 and April 2020 would cost households with children and no one in work an average of approximately £4,000 per year in 2020 (Waters, 2017).

- Insert Figure 1 about here -

On the horizontal or place-related dimension, policy changes have hit not only the poorest people but also the poorest and least healthy places hardest. Local authorities (the smallest units of elected government) vary widely in the prevalence of deprivation as measured by a composite Index of

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distinctive characteristics of national political institutions add another, unavoidable layer of complexity to the political science of health inequalities.

Multiple Deprivation; within the boundaries of a number of local authorities, no small areas<sup>4</sup> rank in the UK's most deprived fifth, while in others, notably cities hard hit by deindustrialization, more than half of small areas fall into this category. By 2020-21, the cumulative impact of all post-2010 benefit reforms is estimated to cost the local economies of some of the poorest areas close to or more than £1,000 per working age adult per year (Figure 1), and "[t]here is a clear and unambiguous relationship: as a general rule, the more deprived the local authority, the greater the financial hit" (Beatty & Fothergill, 2016, p. 24).

Above and beyond the effects of benefit cuts are reductions in the central government grant that is a major element of local authority budgets (Subramanian, 2016). These have had the biggest impact on authorities where premature mortality (at or before age 75) is highest (Taylor-Robinson, Gosling, Harrison, Khan, & Barr, 2013) - important not least because local authorities rather than the National Health Service (NHS) now have statutory responsibility for public health programs. Many of the poorest areas are also the sickest, and some of the regions where these cumulative impacts will fall most heavily are already poorer than any regions in France, Germany, Belgium, the Netherlands, Luxembourg, Austria, Ireland, Denmark, Finland and Sweden (Eurostat, 2014). Thus, at least in the UK regressive redistribution has a strong place-related element, conventionally (if rather simplistically) described in terms of a North-South divide (The great divide, 2012).

These developments are occurring in parallel with a continuing crisis in the NHS and in public-sector social care, which is provided by local authorities (Humphries, Hall, Charles, Thorlby, & Holder, 2016; Maynard, 2017). Elaborating on this would require a separate article; suffice it to say that financial strictures are debilitating many aspects of the NHS (Dunn, McKenna, & Murray, 2016; Campbell,

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<sup>4</sup> Lower Layer Super Output Areas (LSOAs): administratively defined spatial units with 1,000 – 3,000 residents; there are more than 41,000 such areas in the UK.

2016); major reductions in access to social care have been connected with a sharp increase in deaths among the elderly (Green, Dorling, & Minton, 2017; Maynard, 2017); and mainstream discussion of the future of the NHS now accepts “the inevitability of hard choices in healthcare” (Ham, 2017, p. 2) without much scrutiny either of the disabling (Campbell, 2015) if not homicidal (Green et al., 2017) impact of those choices or of the political choices driving decisions necessitating them (Leys, 2016). A minority with private insurance or deep pockets are unaffected by deterioration in the NHS; the impoverishing effects of having to self-fund social care are likely over time to affect a much larger demographic.

In one respect at least the question of whether Mackenbach was right is problematic because it posits the electorate’s answer to a question that was not asked – certainly not in 2010 or 2015. Health inequalities did not figure prominently in the 2010 election, which was dominated by fallout from the 2007-2008 financial crisis. With Scotland as a partial exception, the 2015 election campaign that brought the Conservative majority to power was conspicuous not only in the lack of attention to health inequalities but also in the lack of any effective challenge to the Conservatives’ ascription of the post-2008 recession to past fiscal policy imprudence rather than to contagion from financial institution collapses in the US, or to the equation of economic competence with deficit reduction through selective, regressive spending cuts. This was the case even though a mainstream Nobel Prize-winning economist, Paul Krugman (2015), was among many high-profile public challengers of the austerity nostrum. For whatever reasons, Labour accepted much of the Conservative narrative and ran on a platform of austerity lite.

We are therefore left to ask the counterfactual question: had the large-scale redistribution to which Mackenbach refers been proposed, what would have been the electorate’s response? The remainder of the article responds to this question, and draws out strategic and tactical implications for reducing health inequalities. Subsidiary questions, important in terms of understanding the process of agenda-setting: why did no party (outside Scotland, where the Scottish National Party



campaigned in part on an anti-austerity platform) venture such a proposal? Was it because they held a view similar to Mackenbach's about the probable response, as suggested by UK protagonists interviewed by Lynch (2017), or because of other commitments? The analysis that follows illuminates this latter set of questions only indirectly. I identify three avenues of explanation that reflect, although imprecisely, different weightings of the relative importance of "the material and the discursive or ideational in driving political and economic dynamics" (Hay, 1999, p. 3). The lines of argument are presented here in stylized form, and it cannot be emphasized too strongly that they are not mutually exclusive (Centeno & Cohen, 2012); each describes a dynamic that can be expected to operate in a range of political contexts. The *relative* importance of the dynamics in question in any given context has far-reaching implications for the political possibility of reducing health inequalities.

### **Changing class structure and the "consolidation state"**

An argument grounded in "material" issues begins from changes both in the composition of the electorate, its interests and allegiances, and in the external environment – what one might call the frontiers of political possibility defined by neoliberal globalization. Notably, the precipitous decline in manufacturing employment – a trend evident throughout the high-income world, albeit with substantial variation across nations – reduced the numbers and strength of the organized working class. This is important because of the role of trade unions not only in raising wages and improving working conditions, but also as political constituencies for welfare state expansion. Despite the 'offshoring' of many types of manufacturing (Blinder, 2006), most familiarly to China (see e.g. Autor, Dorn, & Hanson, 2013) but more recently to various other jurisdictions that offer low input costs and flexible employment relations, the work once done to supply an expanding and seemingly limitless demand for goods as diverse as garments and iPads is still being done. However as production is reorganized across multiple national borders, much of that work is done by people who do not vote in 'our' elections – or, indeed, in any worthy of the name. As and when production has returned to

former high-wage economies, it has done so in the context of radically restructured employment relations (see generally Booth, 2013; Sirkin, Zinser, & Rose, 2014).

Philip Cerny (2000, p. 136) describes such transitions in terms of convergence on a model of the “competition state,” prioritizing “promotion of economic activities, whether at home or abroad, which will make firms and sectors located within the territory of the state competitive in international markets.” The ability of firms rapidly to relocate or contract out production means that (re)distributional conflicts can no longer be contained, and need not be resolved, within national borders because of capital’s ready option of exit – constituting a dramatic change from the situation approximately pre-1980. In the UK, this exit option combined with aggressive denationalization meant that: “Between 1979 and 1986 [alone] the UK’s 40 largest manufacturing firms increased their non-UK employment by 125,000 while cutting employment in the UK by 415,000” (Hudson, 2013, p. 378). The consequences were presciently summarized in 1994, in a conference volume edited by future Labour cabinet minister David Miliband, as “rising unemployment, growing income inequality, rapid expansion of a junk work sector employing low-skilled labour at marginal wages, intensification of work, rising and growing pressures on social welfare benefits, a profound coarsening of social life in our cities, and more” (Rogers & Streeck, 1994, p. 133). Many of these trends have intensified over the two decades that followed.

A second set of influences, which for the most part have been explicated in isolation from discussions of the globalization of production, involves the growth of government debt as a percentage of GDP across most high-income countries since the 1970s, against a background of relatively slower economic growth than in the early postwar period, while tax revenues stagnated after roughly the mid-1980s (Streeck, 2014; see also Streeck & Mertens, 2013; Streeck, 2015). Although the observation that governments use borrowing as a way of deferring distributional conflicts is nothing new (King & Gurr, 1988), the argument of Streeck and colleagues (see generally Schäfer & Streeck, eds., 2013), is distinctive and important in at least four respects.

First, they emphasize that rising debt/GDP ratios cannot be explained with reference to increased redistribution; the increase actually occurred in parallel with welfare state retrenchment and rapid declines in trade union membership and strike action, and with an increase in income inequality. Thus, this is quite a different argument from the one that globalization has directly constrained the welfare state, which is empirically questionable in much of the pre-crisis high-income world.

Second, they focus on the gap between government expenditure and tax revenue as a percentage of GDP, notably as a result of tax cuts that mainly benefited corporations and the ultra-rich (as in the case of the US post-2001). They explain the gap partly in terms of tax competition and avoidance in a globalized environment in which both personal assets and corporate profits can readily be shifted among jurisdictions, which arguably represents an indirect globalisation-related constraint, and partly in terms of endogenous domestic resistance to increased taxation (on the latter point see Streeck & Mertens, 2013, p. 55).

Third, they argue that the growth of government debt has resulted in a substantial shift of power away from citizens and elected governments and towards the investors whose aggregated portfolio preferences constitute the wisdom of 'the markets', and whose 'confidence' must be maintained whatever the costs in terms of democratic accountabilities (Streeck, 2015, p. 10-12). This dynamic again is nothing new, and was identified well before the crisis of 2008 (Keegan & Pennant-Rea, 1979, p. 131-137; Harris, 1999; Sassen, 2003), but has clearly been magnified in its aftermath, ironically by the borrowing undertaken to mitigate the worst effects of the crisis. Just as the competition state is organized around ensuring the profitability of direct investment, so the objective of the "consolidation state" is "to make a state attractive for financial investment by making it clear to the financial markets that the state is in a position to service its debt", with austerity as the means to this end and rapid and volatile increases in the cost of borrowing as the price of failure (Streeck, 2015, p. 10).

Fourth, and perhaps most importantly for purposes of this article, Streeck and colleagues attribute a widespread long-standing decline in political participation to citizens' recognition of the diminishing ability of governments to undertake redistribution and social protection, however legitimate and powerful the normative case, given the requirements of the consolidation state (Schäfer & Streeck, 2013). If "there is no alternative," in Margaret Thatcher's (in)famous formulation, then the restricted range of available political choices, and indeed the process of electoral choice itself, have limited appeal.

### **Neoliberal hegemony and possibilities for policy change**

What if, within the constraints created by the global economic environment, there are (some) alternatives at least under conditions of formal democracy – in other words, what if the policy space (Koivusalo, Schrecker, & Labonté, 2009) available for redistributive action is more extensive than implied by the preceding discussion? In particular, the account just provided fails directly to confront the possibility that domestic competition state policies are not pragmatic responses to a global environment that leaves few options available, but rather elite initiatives designed to use globalization as a justification for their own agendas, or actively to accelerate integration into global flows of production and finance on terms that would later be difficult if not impossible to reverse.<sup>5</sup>

The account presented in the preceding section has other shortcomings. For example, although convergence of tax rates is widespread, the pattern is stronger with respect to corporate taxation (Genschel & Schwarz, 2013) than it is with respect to personal income and wealth taxes. This is to be

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<sup>5</sup> This point has been argued with special clarity by Sandra Halperin: "Globalization is a matter of deliberate organization and collective effort on the part of elites concerned to maintain a specific distribution of resources that subordinates labour and preserves elite privileges. The discourse of globalization emphasizes the necessity of governments to adapt to newness and difference, a necessity that forecloses choice. But government policies are designed, not to adapt to new circumstances, but to promote them" (Halperin, 2013, p. 224).

expected given the relative ease with which transnational corporations can shift profits within the corporate structure in order to minimize tax liabilities (see e.g. Tanzi, 2001; Kar, Filho, & Akpokodje, 2015; Clausing, 2016). It is hard to make a credible argument that the massive reductions in personal income taxes for the rich in the UK under Thatcher and later the post-2010 Conservative-led coalition, which took place alongside growing fiscal deficits and social policy retrenchment, were motivated by anticipated tax competition. Still less can this be claimed with respect to tax cuts for the rich in the US under Presidents Reagan and later G.W. Bush. Similarly, it is difficult to see the high interest rate policies of the US central bank post-1979, which had worldwide ramifications, as a response to globalization rather than a proactive effort to transform the economic policy landscape. Yet both sets of policies, i.e. high interest rates and tax cuts for the wealthy, are implicated in the rise of public debt (Streeck, 2014, p. 149). And the consolidation state argument is much more persuasive with respect to countries of the Eurozone, which creates distinctive limits on economic policy space (Streeck, 2016, p. 113-141), than with respect to others.

These observations imply that the choices in question *could have been made differently* by governments with a different set of priorities – whether responsive to different domestic constituencies or driven by different elite agendas. Similar inferences can be drawn from differences in the prevalence of poverty after taxes and transfers, and of low-wage employment (Schrecker, 2016), in countries that have “all been exposed over the last several decades to the same increases in globalization, technology, and competition within national product markets” (Appelbaum et al., 2010, p. 5). Such contrasts reflect broader divergence across a range of indicators of social justice (Schraad-Tischler, 2011), and arguably lend weight to Göran Therborn's (2006) assertion that “[n]ational rulers have no global alibi for national privileges and inequalities” (p. 49).

That said, within specific national contexts such phenomena as tax resistance, tax revolt and the erosion of commitments to social solidarity may reflect powerful path dependencies associated with patterns of structural economic change, and with past policies that facilitated these, limited policy

space, or increased economic inequality and other forms of stratification. The consequences of joining the Eurozone are an obvious example. In the case of the UK, after the transformations initiated under Thatcher and continued under New Labour and then the post-2010 Conservative restoration, transition to something like a Nordic model of social policy may simply not be electorally feasible because of the changed class structure of the society, and the corollary shifts in political allegiances. A powerful version of this argument, organized around class coalitions and the electoral process, explains the politics of austerity post-2008 in the US and the UK with reference to a “constituency of the ‘squeezed but basically safe’” (Clark & Heath, 2014, p. 213), holding that “in hard times the exposed are more desperate for help than ever, but the majority ... have come to calculate that it is better to throw their lot in with the haves, than to risk being saddled with tax rises to provide assistance to the have-nots” (p. 202).

If calculations like those posited by Clark and Heath underpin the allegiances that drive electoral outcomes, are they accurate?<sup>6</sup> What influences the way in which this constituency, and others, frame the relevant risks and probabilities? Here we move into the discursive or ideational realm, and the focus of inquiry shifts to the possibility of altering that framing on the part of decisive political pluralities. Central here is the nature of perceptions of economic ‘competence,’ which as many observers have noted is a prerequisite for electoral success (Hay, 2004; Gamble, 2012; Taylor-Gooby, 2013). When neoliberalism becomes accepted as normal or ‘just the way things work,’ the effect is radically to shrink the limits of permissible political discourse. “[T]he higher-order assumptions of the dominant (neoliberal) economic paradigm seem to be accepted by all serious contenders for high office in contemporary Britain” – and, it must be added, in much of the rest of

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<sup>6</sup> And they may be wildly inaccurate. In a post-mortem on the 2000 US election that brought George W. Bush to power, Brooks (2003) cites “a *Time* magazine survey that asked people if they are in the top 1 percent of earners. Nineteen percent of Americans say they are in the richest 1 percent and a further 20 percent expect to be someday. This is cited along with much other relevant material in the important introduction to Streeck's (2016) *How Will Capitalism End?*

the world – “for this is now taken as a token of their electoral competence and credibility” (Hay, 2004, p. 503). Without credible challenges to the equation of neoliberal policies with economic ‘competence’, egalitarian redistributive policies (as contrasted with the inequality-magnifying policies characteristic of the UK post-2010) are highly unlikely to command sufficient support. This point is explored further in the concluding section of the article.

### **Lessons from Brexit and Trump, or, What if all politics are identity politics?**

In the aftermath of the June 2016 UK referendum on European Union membership, the political significance of strong narratives that resonate with the electorate’s perceptions of reality, perhaps quite independently and in defiance of evidence-based calculations of gain or loss, cannot be over-emphasized. This point emerges with even greater clarity in light of the 2016 US election, in which Donald Trump won the presidency based on strong regional showings, notably among portions of the electorate who were likely to be most immediately harmed by (for example) his promise to dismantle the *Affordable Care Act* (Congressional Budget Office, 2017)

Such phenomena arguably call into question the assumption of voter rationality that, at least implicitly, underpins the first two explanations advanced here, and for that matter much of contemporary political science. Ronald Inglehart and Pippa Norris (2016), drawing on decades of cross-national opinion research, posit two explanations for the rise of what they call populism, exemplified by the Brexit and Trump campaigns: the “economic inequality” and “cultural backlash” hypotheses. They ultimately find cultural backlash explanations more persuasive, while emphasizing that “the analytical distinction ... may also be somewhat artificial. Interactive processes may possibly link these factors, if structural changes in the workforce and social trends in globalized markets heighten economic insecurity, and if this, in turn, stimulates a negative backlash among traditionalists towards cultural shifts” such that “[it] may not be an either/or question, but one of relative emphasis with interactive effects” (p. 3). A thoughtful post-referendum analysis based on

multiple sources of survey data (Swales, 2016) concludes that although some demographic characteristics such as low income, lack of formal qualifications, living in rented social housing and being 65 or older were strong predictors of a leave vote, voters' individual position on the left-right spectrum had little to do with their referendum vote, and "matters of identity are equally if not more strongly associated with the vote to Leave – particularly feelings of national identity and sense of [negative] change over time" (p. 7). That sense of adverse change, of course, is not unrelated to economic situation.

A stronger variant of this argument is made by Christopher Achen and Larry Bartels (2016), whose *Democracy for Realists* is closely argued and powerful, even if the authors are too ready to generalize from the US political context with selective use of examples from other jurisdictions. The core proposition (to oversimplify) is that "partisan preferences and voting patterns [are] powerfully shaped by group loyalties and social identities," such that "most people make their party choices based on who they are rather than on what they think" (p. 264). They go on to argue, in a chapter on "the rationalizing voter," (pp. 267-296), that voters may be actively indifferent to facts, instead viewing such basic and easily verifiable political claims as those related to the size and trend of fiscal deficits through the lens of their partisanship. In the case of the 2016 US election, and arguably in the case of Brexit as well, favourably disposed electors had a great deal of well financed prompting to believe such "alternative facts," in the now widely quoted Trump administration formulation. In neither case did or could the prompting create the receptive audience; it merely appealed to existing frustrations – frustrations arising, at least in part, from a changing and uncertain economic context.

At least an indirect connection with health and place is suggested by finding that, at a county level, a composite index of health indicators predicts a larger proportion of the electoral shift to the Republicans between 2012 to 2016 than the percentage of whites without a college/university degree (Illness as indicator, 2016), even after controlling for other factors (which as noted understates the magnitude of the demographic effect), with the largest swings concentrated in the



US Midwest. Many of the counties in question are territories where people increasingly find themselves living as refugees in their own land as a consequence of deindustrialization and the migration of economic opportunities, places where, to quote Bruce Springsteen (1980): “You wake up and you’re dying/you don’t even know what from.”<sup>7</sup> As voters recognize this, their appetite for any kind of respite from downward mobility and desperation may understandably be both ravenous and – especially in the absence of coherently and credibly presented alternative policy directions - indiscriminating. This is far from the only explanation of Trump’s appeal to voters, and as noted in the final section of the article it may not be the most persuasive, but it would not be wise to ignore it.

### **Conclusion: Critical tasks; future uncertain and volatile**

Each stylized response to the question of whether Mackenbach was right has important implications for political prospects for reducing health inequalities, and to restate a point, the explanations and what they imply are not mutually exclusive. Historian Simon Szreter (1999) argues that “a cross-class political alliance” made viable by rapid expansion of the franchise was responsible for advances in public health in England in the nineteenth century. The first and second explanations explored here suggest the need for similar alliances today, yet In the UK, current electoral allegiances now appear to reflect an implicit coalition between plutocrats and an electorally decisive plurality of the so-called middle class, including the “squeezed but basically safe.”

A provocative analogy may help in understanding the scale of the difficulty. Historian Steve Stern begins his trilogy *The Memory Box of Pinochet’s Chile* by pointing out: “After eight years of democratic rule that included credible revelations of human rights violations ... a substantial

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<sup>7</sup> For a darker, pre-album version of the song “Point Blank” that is more explicit about the destructive impact of economic and social marginalization, go to:  
[http://www.youtube.com/watch?v=kX8M\\_1r0LDs](http://www.youtube.com/watch?v=kX8M_1r0LDs).

minority of Chileans – about two of five – continued to remember the military overthrow of the elected government of Salvador Allende in 1973 as a rescue mission” (Stern, 2006, p. 7). The 2009 Chilean elections, in which the presidency was won by a billionaire beneficiary of the Pinochet regime against an uninspiring candidate of the centre-left, suggest the longevity of such allegiances; even in 2013, when the centre-left returned to power, the right’s candidates won between 36 and 38 percent of the vote in parliamentary elections and the presidential runoff election. The coalitions in question are not invincible, as the Chilean experience shows, but the consistency across decades of the “about two of five” proportion suggests their durability.

The second line of argument suggests that creating compelling narratives that challenge the neoliberal equation of austerity with economic competence *on its own terms*, as well as from a social justice perspective (which may have limited appeal to tactically important elements of the electorate) is a necessary (although not sufficient) condition for expanding support for policies that will reduce health inequalities (*cf.* Lynch, 2017). Until the dogma that neoliberal policies are the only ones that ‘work’ (*cf.* Fourcade-Gourinchas & Babb, 2002) can be challenged ‘on the ground,’ as it were, destructive consequences for health will continue to be accepted (especially by those not directly and immediately exposed) as collateral damage, inevitable as the price of avoiding economic peril. Certainly the “social movement to advance the cause of health equity through action on the social determinants of health” that Sir Michael Marmot envisioned following on from the Commission on Social Determinants of Health that he chaired (Marmot, Allen, & Goldblatt, 2010) has seldom materialized. This may be due in part to the difficulty of constructing necessary cross-class alliances, and in part to incomplete recognition of their necessity.

Much is yet to be understood about developments like the result of the EU referendum and the election of Donald Trump, which are central to any assessment of the prospects for constructing cross-class alliances, so one must be more tentative here. At the level of individual US voter preferences, race and attitudes towards race appear to be much stronger predictors of political

allegiance than economic situation (Wood, 2017; McElwee & McDaniel, 2017). This finding may or may not be relevant outside the US, but apparent mismatch between economic interests and political commitments underscores the importance of credibility, and the complexity of articulating *in an electorally effective way* the connections among the core propositions of neoliberalism, the policies that embody them, and their selectively destructive consequences for health outcomes. This enterprise might be described as a populism that speaks to those left behind by current economic trends and policies in a way that is progressive rather than retrograde; examples can be found in the UK media, although the discourse remains for the moment outside the political mainstream (Schrecker, 2017). In somewhat different ways the three explanatory perspectives outlined here all direct our attention as engaged researchers and advocates to the complex, untidy and often unpalatable enterprise of political communication.

## **Postscript**

The manuscript of this article was completed and revised before the UK election of June 2017, unexpectedly called by the Conservative prime minister when her party held a 20-point lead in some opinion polls. In contrast to 2015, under new leadership the Labour Party ran on an explicitly anti-austerity and modestly redistributive manifesto and, after a shaky start, gained enough Parliamentary seats to reduce the Conservatives to minority government status. One should not read too much into this result as an indication of policy preferences, because the Conservatives ran a remarkably inept campaign. Nevertheless, it does suggest that electorates may be more receptive to redistributive policies than Mackenbach believed; that relevant class coalitions are less stable than implied in the article; that electorates' fatalism in the context of consolidation state pressures is not inevitable; that neoliberal ideas about the permissible limits of public policy can be questioned

within the electoral process; and that, in the UK context, some connections between identity and political allegiance are malleable.

The week after the election, at least 79 people died in a horrific fire in a London social housing tower block. Investigations are ongoing; the use of flammable, and slightly less expensive, exterior cladding as a cost-cutting measure by contractors undertaking a refurbishment for the responsible local borough council (in the ultra-wealthy borough of Kensington and Chelsea) appears to have been an important factor, in turn enabled by deregulation and a lack of resources for inspection and oversight (Kirkpatrick, Hakim, & Glanz, 2017). Having foregrounded not only the direct consequences of neoliberal policies (the expendability of certain lives) but also the depth and multidimensionality of class divides in the UK, the fire could reshape political narratives and conceptions of competence in a far-reaching way, even though casualty counts that can be attributed to other deadly manifestations of austerity are much higher. In a macabre way, this prospect underscores the observations made here about the importance of political communication.

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## References

- Achen, C. H. & Bartels, L. M. (2016). *Democracy for Realists: Why Elections Do Not Produce Responsive Government*. Princeton: Princeton University Press.
- Appelbaum, E., Bosch, G., Gautié, J., Mason, G., Mayhew, K., Salverda, W. et al. (2010). Introduction and Overview. In J. Gautié & J. Schmitt (Eds.), *Low-Wage Work in the Wealthy World* (pp. 1-32). New York: Russell Sage Foundation.
- Autor, D. H., Dorn, D., & Hanson, G. H. (2013). The China Syndrome: Local Labor Market Effects of Import Competition in the United States. *The American Economic Review*, 103, 2121-2168.
- Bambra, C., Fox, D., & Scott-Samuel, A. (2005). Towards a politics of health. *Health Promotion International*, 20, 187-193.
- Bartley, M. (2011). Life Course Epidemiology and Inequality in Health. In O. N. Jerome (Ed.), *Encyclopedia of Environmental Health* (pp. 491-498). Burlington: Elsevier.
- Beatty, C. & Fothergill, S. (2016). *The Uneven Impact of Welfare Reform: The Financial Losses to Places and People*. Sheffield: Centre for Regional Economic and Social Research, Sheffield Hallam University. Retrieved from: [https://www.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/welfare-reform-2016\\_1.pdf](https://www.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/welfare-reform-2016_1.pdf).
- Bernier, N. F. & Clavier, C. (2011). Public health policy research: making the case for a political science approach. *Health promotion international*, 26, 109-116.
- Blane, D., Kelly-Irving, M., d'Errico, A., Bartley, M., & Montgomery, S. (2013). Social-biological transitions: how does the social become biological? *Longitudinal and Life Course Studies*, 4.
- Blinder, A. S. (2006). Offshoring: the next industrial revolution. *Foreign Affairs*, 85, no. 2, 113-128.
- Booth, T. (2013). Here, there and everywhere: Special report on outsourcing and offshoring. *Economist*, January 19.
- Brooks, D. (2003, January 12). The Triumph of Hope over Self-Interest. *New York Times*. Retrieved from: <http://www.nytimes.com/2003/01/12/opinion/the-triumph-of-hope-over-self-interest.html>
- Buck, D. & Maguire, D. (2015). *Inequalities in life expectancy: Changes over time and implications for policy*. London: The King's Fund. Retrieved from: [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/inequalities-in-life-expectancy-kings-fund-aug15.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/inequalities-in-life-expectancy-kings-fund-aug15.pdf).
- Campbell, D. (2015, July 15). Record number of people undergoing amputations because of diabetes. *Guardian*. Retrieved from: <https://www.theguardian.com/society/2015/jul/15/rise-diabetes-amputations-figures>.

Campbell, D. (2016, July 5). NHS finance chiefs warn of poorer care and longer waiting times. *Guardian*. Retrieved from: <https://www.theguardian.com/society/2016/jul/05/nhs-finance-chiefs-warn-poorer-care-longer-waiting-times>.

Carey, G. & Crammond, B. (2015). Action on the social determinants of health: Views from inside the policy process. *Social Science & Medicine*, 128, 134-141.

Centeno, M. A. & Cohen, J. N. (2012). The Arc of Neoliberalism. *Annual Review of Sociology*, 38, 317-340.

Cerny, P. G. (2000). Restructuring the Political Arena: Globalization and the Paradoxes of the Competition State. In R. D. Germain (Ed.), *Globalization and its Critics: Perspectives from Political Economy* (pp. 117-138). Houndmills: Macmillan.

Clark, T. & Heath, A. (2014). *Hard Times: The Divisive Toll of the Economic Slump*. New Haven: Yale University Press.

Clausing, K. A. (2016). *The Effect of Profit Shifting on the Corporate Tax Base in the United States and Beyond*. Portland: Reed College. Retrieved from: [http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2685442](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2685442).

Congressional Budget Office (2017). *Cost Estimate: American Health Care Act*. Washington, DC: CBO. Retrieved from: <https://assets.documentcloud.org/documents/3516452/CBO-Health-Care-Cost-Estimates.pdf>.

De Agostini, P., Hills, J., & Sutherland, H. (2015). *Were we really all in it together? The distributional effects of the 2010-2015 UK Coalition government's tax-benefit policy changes: an end-of-term update*, Social Policy in a Cold Climate Working Paper No. 22. London: Centre for Analysis of Social Exclusion, London School of Economics and Political Science. Retrieved from: <http://sticerd.lse.ac.uk/dps/case/spcc/wp22.pdf>.

de Leeuw, E., Clavier, C., & Breton, E. (2014). Health policy - why research it and how: health political science. *Health Research Policy and Systems*, 12, 55.

Dunn, P., McKenna, H., & Murray, R. (2016). *Deficits in the NHS 2016*, Briefing. Retrieved from: [https://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/Deficits\\_in\\_the\\_NHS\\_Kings\\_Fund\\_July\\_2016\\_1.pdf](https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Deficits_in_the_NHS_Kings_Fund_July_2016_1.pdf).

Espelt, A., Borrell, C., Rodriguez-Sanz, M., Muntaner, C., Pasarin, M. I., Benach, J. et al. (2008). Inequalities in health by social class dimensions in European countries of different political traditions. *International Journal of Epidemiology*, 37, 1095-1105.

Eurostat (2014). GDP per capita in the EU in 2011: seven capital regions among the ten most prosperous. Eurostat [On-line]. Retrieved from: [http://epp.eurostat.ec.europa.eu/cache/ITY\\_PUBLIC/1-27022014-AP/EN/1-27022014-AP-EN.PDF](http://epp.eurostat.ec.europa.eu/cache/ITY_PUBLIC/1-27022014-AP/EN/1-27022014-AP-EN.PDF).

Fourcade-Gourinchas, M. & Babb, S. L. (2002). The rebirth of the liberal creed: Paths to neoliberalism in four countries. *American Journal of Sociology*, 108, 533-579.

Gamble, A. (2012). Debt and Deficits: The Quest for Economic Competence. In O. Cramme & P. Diamond (Eds.), *After the Third Way: The Future of Social Democracy in Europe* (pp. 45-59). London: I.B. Tauris.

Genschel, P. & Schwarz, P. (2013). Tax Competition and Fiscal Democracy. In A. Schäfer & W. Streeck (Eds.), *Politics in the Age of Austerity* (pp. 59-83). Cambridge: Polity Press.

Graham, H. (2009). Health inequalities, social determinants and public health policy. *Policy & Politics*, 37, 463-479.

The great divide (2012, September 15). *Economist*.

Green, M., Dorling, D., & Minton, J. (2017). The geography of a rapid rise in elderly mortality in England and Wales, 2014-15. *Health & Place*, 44, 77-85.

Gustafsson, P. E., San Sebastian, M., Janlert, U., Theorell, T., Westerlund, H., & Hammarström, A. (2014). Life-Course Accumulation of Neighborhood Disadvantage and Allostatic Load: Empirical Integration of Three Social Determinants of Health Frameworks. *American Journal of Public Health*, 104, 904-910.

Halfon, N., Larson, K., Lu, M., Tullis, E., & Russ, S. (2014). Lifecourse Health Development: Past, Present and Future. *Maternal and Child Health Journal*, 18, 344-365.

Halperin, S. (2013). *Re-Envisioning Global Development: A Horizontal Perspective*. London: Routledge.

Ham, C. (2017). Next steps on the NHS five year forward view. *BMJ*, 357, doi: 10.1136/bmj.j1678.

Harris, J. (1999). Globalisation and the technological transformation of capitalism. *Race & Class*, 40, no. 2/3, 21-35.

Hay, C. (1999). *The Political Economy of New Labour: Labouring under false pretences?* Manchester: Manchester University Press.

Hay, C. (2004). The normalizing role of rationalist assumptions in the institutional embedding of neoliberalism. *Economy and Society*, 33, 500-527.

Hudson, R. (2013). Thatcherism and its geographical legacies: the new map of socio-spatial inequality in the Divided Kingdom. *The Geographical Journal*, 179, 377-381.

Humphries, R., Hall, P., Charles, A., Thorlby, R., & Holder, H. (2016). *Social Care for Older People: Home Truths*. London: The King's Fund and Nuffield Trust.

Illness as indicator: Local health outcomes predict Trumpward swings (2016, November 19). *Economist*.

Inglehart, R. F. & Norris, P. (2016). *Trump, Brexit, and the Rise of Populism: Economic Have-Nots and Cultural Backlash*, HKS Faculty Research Working Paper Series No. RWP16-026. Cambridge, MA: Harvard Kennedy School. Retrieved from: <https://research.hks.harvard.edu/publications/getFile.aspx?Id=1401>.

Kar, D., Filho, F. J., & Akpokodje, G. (2015). *Financial Flows and Tax Havens: Combining to Limit the Lives of Billions of People*. Oslo and Washington, DC: Centre for Applied Research, Norwegian School of Economics and Global Financial Integrity. Retrieved from: [http://www.gfintegrity.org/wp-content/uploads/2016/12/Financial\\_Flows-final.pdf](http://www.gfintegrity.org/wp-content/uploads/2016/12/Financial_Flows-final.pdf).

Kaufman, J. S. & Harper, S. (2013). Health equity: Utopian and scientific. *Preventive medicine*, 57, 739-740.

Keegan, W. & Pennant-Rea, R. (1979). *Who Runs the Economy? Control and influence in British economic policy*. London: Maurice Temple Smith.

Kelly, M. P. & Doohan, E. (2012). The Social Determinants of Health. In M. H. Merson, R. E. Black, & A. J. Mills (Eds.), *Global Health: Diseases, Programs, Systems, and Policies* (3<sup>rd</sup> ed., pp. 75-114). Burlington, MA: Jones & Bartlett Learning.

King, D. S. & Gurr, T. R. (1988). The state and fiscal crisis in advanced industrial democracies. *International Journal of Urban and Regional Research*, 12, 87-106.

Kirkpatrick, D.D., Hakim, D., & Glanz, J. (2017, June 25). Why Grenfell Tower Burned: Regulators Put Cost Before Safety. *New York Times*. Retrieved from: [https://www.nytimes.com/2017/06/24/world/europe/grenfell-tower-london-fire.html?hp&action=click&pgtype=Homepage&clickSource=story-heading&module=photo-spot-region&region=top-news&WT.nav=top-news&\\_r=0](https://www.nytimes.com/2017/06/24/world/europe/grenfell-tower-london-fire.html?hp&action=click&pgtype=Homepage&clickSource=story-heading&module=photo-spot-region&region=top-news&WT.nav=top-news&_r=0).

Koivusalo, M., Schrecker, T., & Labonté, R. (2009). Globalization and Policy Space for Health and Social Determinants of Health. In R. Labonté, T. Schrecker, C. Packer et al. (Eds.), *Globalization and Health: Pathways, Evidence and Policy* (pp. 105-130). New York: Routledge.

Kristof, N. (2016, June 12). Is It a Crime to Be Poor? *New York Times*. Retrieved from: <http://www.nytimes.com/2016/06/12/opinion/sunday/is-it-a-crime-to-be-poor.html?action=click&pgtype=Homepage&clickSource=story-heading&module=opinion-c-col-left-region&region=opinion-c-col-left-region&WT.nav=opinion-c-col-left-region>

Krugman, P. (2015, April 29). The Austerity Delusion. *Guardian*. Retrieved from: <http://www.theguardian.com/business/ng-interactive/2015/apr/29/the-austerity-delusion>

Leys, C. (2016). *Can Simon Stevens' Sustainability and Transformation Plans save the NHS?* London: Centre for Health and the Public Interest. Retrieved from: <https://chpi.org.uk/wp/wp-content/uploads/2016/05/CHPI-STP-Analysis.pdf>.

Lynch, J. (2017). Reframing inequality? The health inequalities turn as a dangerous frame shift. *Journal of Public Health*, doi:10.1093/pubmed/fdw140.

Mackenbach, J. P. (2010). Has the English strategy to reduce health inequalities failed? *Social Science & Medicine*, 71, 1249-1253.

Marmot, M., Allen, J., & Goldblatt, P. (2010). A social movement, based on evidence, to reduce inequalities in health. *Social Science & Medicine*, 71, 1254-1258.

Maynard, A. (2017). Shrinking the state: The fate of the NHS and social care. *Journal of the Royal Society of Medicine*, 110, 49-51.



McElwee, S. and McDaniel, J. (2017, May 8). Economic Anxiety Didn't Make People Vote Trump, Racism Did. *The Nation*.

Muntaner, C., Borrell, C., Ng, E., Chung, H., Espelt, A., Rodriguez-Sanz, M. et al. (2011). Politics, welfare regimes, and population health: controversies and evidence. *Sociology of Health & Illness*, 33, 946-964.

The new debtors' prisons (2013, November 16). *Economist*.

Offidani, E., Tomba, E., & Linder, M. D. (2013). Two key concepts in the life course approach in medicine: allostatic load and cumulative life course impairment. *Current Problems in Dermatology*, 44, 17-32.

Participants at the Bellagio Workshop on Political Economy of Global Health (2015). Report from Bellagio: Advancing Political Economy of Global Health to Understand and Influence the Drivers of Universal Health Coverage. *Health Systems & Reform*, 1, 20-21.

Preda, A. & Voigt, K. (2015). The Social Determinants of Health: Why Should We Care? *The American Journal of Bioethics*, 15, 25-36.

Qureshi, K. (2013). It's not just pills and potions? Depoliticising health inequalities policy in England. *Anthropology & Medicine*, 20, 1-12.

Rogers, J. & Streeck, W. (1994). Productive Solidarities: Economic Strategy and Left Politics. In D. Miliband (Ed.), *Reinventing the Left* (pp. 128-145). Cambridge: Polity.

Sassen, S. (2003). Economic Globalization and the Redrawing of Citizenship. In J. Friedman (Ed.), *Globalization, the State, and Violence* (pp. 67-86). Walnut Creek, CA: AltaMira Press.

Schäfer, A. & Streeck, W. (2013). Introduction: Politics in the Age of Austerity. In A. Schäfer & W. Streeck (Eds.), *Politics in the Age of Austerity* (pp. 1-25). Cambridge: Polity Press.

Schraad-Tischler, D. (2011). *Social Justice in the OECD: How Do the Member States Compare? Sustainable Governance Indicators 2011*. Gütersloh, Germany: Bertelsmann Stiftung. Retrieved from: [http://www.sgi-network.org/pdf/SGI11\\_Social\\_Justice\\_OECD.pdf](http://www.sgi-network.org/pdf/SGI11_Social_Justice_OECD.pdf).

Schrecker, T. (2013). Can health equity survive epidemiology? Standards of proof and social determinants of health. *Preventive medicine*, 57, 741-744.

Schrecker, T. (2016). Globalization, austerity and health equity politics: taming the inequality machine, and why it matters. *Critical Public Health*, 26, 4-13.

Schrecker, T. (2017). "Stop, You're Killing us": An Alternative Take on Populism and Public Health; Comment on "The Rise of Post-truth Populism in Pluralist Liberal Democracies: Challenges for Health Policy". *International Journal of Health Policy and Management*, doi:10.15171/ijhpm.2016.50.

Schrecker, T. & Bambra, C. (2015). *How Politics Makes Us Sick: Neoliberal Epidemics*. Houndmills: Palgrave Macmillan.

Sirkin, H. L., Zinser, M., & Rose, J. R. (2014). *The Shifting Economics of Global Manufacturing: How Cost Competitiveness is Changing Worldwide*. Boston: Boston Consulting Group. Retrieved from: [https://www.bcgperspectives.com/Images/The\\_Shifting\\_Economics\\_of\\_Global\\_Manufacturing\\_Aug\\_2014.pdf](https://www.bcgperspectives.com/Images/The_Shifting_Economics_of_Global_Manufacturing_Aug_2014.pdf).

Smith, K. (2013a). *Beyond Evidence Based Policy in Public Health: The Interplay of Ideas*. Houndmills: Palgrave Macmillan.

Smith, K. (2013b). Institutional filters: the translation and re-circulation of ideas about health inequalities within policy. *Policy & Politics*, 41, 81-100.

Springsteen, B. (1980). Point Blank. BruceSpringsteen.net [On-line]. Retrieved from: <http://brucepringsteen.net/songs/point-blank>.

Stern, S. J. (2006). *Remembering Pinochet's Chile: On the Eve of London 1998*. Durham: Duke University Press.

Streeck, W. (2014). The Politics of Public Debt: Neoliberalism, Capitalist Development and the Restructuring of the State. *German Economic Review*, 15, 143-165.

Streeck, W. (2015). *The Rise of the European Consolidation State*, MPIfG Discussion Paper No. 15/1. Cologne: Max Planck Institute for the Study of Societies. Retrieved from: <http://hdl.handle.net/10419/107091>.

Streeck, W. (2016). *How Will Capitalism End?* London: Verso.

Streeck, W. & Mertens, D. (2013). Public Finance and the Decline of State Capacity in Democratic Capitalism. In A. Schäfer & W. Streeck (Eds.), *Politics in the Age of Austerity* (pp. 26-58). Cambridge: Polity Press.

Subramanian, R. (2016). Proof council cuts hit poorest areas hardest. More known than proven [On-line]. Retrieved from: <https://moreknownthanproven.wordpress.com/2016/02/16/proof-council-cuts-hit-poorest-areas-hardest/>.

Swales, K. (2016). *Understanding the Leave Vote*. London: NatCen Social Research. Retrieved from: [http://natcen.ac.uk/media/1319222/natcen\\_brexplanations-report-final-web2.pdf](http://natcen.ac.uk/media/1319222/natcen_brexplanations-report-final-web2.pdf).

Szreter, S. (1999). Rapid economic growth and 'the four Ds' of disruption, deprivation, disease and death: public health lessons from nineteenth-century Britain for twenty-first-century China? *Tropical Medicine and International Health*, 4, 146-152.

Tanzi, V. (2001). Globalization and the Work of Fiscal Termites. *Finance & Development*, 38, no. 1.

Taylor-Gooby, P. (2012). Root and Branch Restructuring to Achieve Major Cuts: The Social Policy Programme of the 2010 UK Coalition Government. *Social Policy & Administration*, 46, 61-82.

Taylor-Gooby, P. (2013). Public policy futures: A Left trilemma? *Critical Social Policy*, 33, 403-426.

Taylor-Robinson, D., Gosling, R., Harrison, D., Khan, M., & Barr, B. (2013). Austerity measures hit the sickest hardest. *BMJ*, 347, f4208.

Therborn, G. (2006). Meaning, Mechanisms, Patterns, and Forces: An Introduction. In G. Therborn (Ed.), *Inequalities of the World: New Theoretical Frameworks, Multiple Empirical Approaches* (pp. 1-60). London: Verso.

Thomas, B., Dorling, D., & Smith, G. D. (2010). Inequalities in premature mortality in Britain: observational study from 1921 to 2007. *British Medical Journal*, 341, c3639.

Wacquant, L. (2014). Class, Race and Hyperincarceration in Revanchist America. *Socialism and Democracy*, 28, 35-56.

Waldfoegel, J. (2010). *Britain's War on Poverty*. New York: Russell Sage Foundation.

Waters, T. (2017). *Distributional analysis [of 2017 Budget]*. London: Institute for Fiscal Studies. Retrieved from: [http://www.ifs.org.uk/uploads/budgets/budget2017/budget2017\\_tw.pdf](http://www.ifs.org.uk/uploads/budgets/budget2017/budget2017_tw.pdf).

Whitehead, M., Pennington, A., Orton, L., Nayak, S., Petticrew, M., Sowden, A. et al. (2016). How could differences in 'control over destiny' lead to socio-economic inequalities in health? A synthesis of theories and pathways in the living environment. *Health & Place*, 39, 51-61.

Wood, T. (2017, April 17). Racism motivated Trump voters more than authoritarianism. *Washington Post*. Retrieved from: [https://www.washingtonpost.com/news/monkey-cage/wp/2017/04/17/racism-motivated-trump-voters-more-than-authoritarianism-or-income-inequality/?utm\\_term=.ee66c7882c2a](https://www.washingtonpost.com/news/monkey-cage/wp/2017/04/17/racism-motivated-trump-voters-more-than-authoritarianism-or-income-inequality/?utm_term=.ee66c7882c2a).